

FOR202 APPLICATION FOR WORK PLACEMENT

This form is to be completed by the student and submitted to the trainer.

SCEI will endeavour to arrange work placement for students with consideration for student's specific requests and mode of transport, however this is not always possible. Should a student refuse the placement or leave the work placement prior to completion (without extenuating circumstances), SCEI will not be responsible for sourcing an alternative placement.

DATE (dd/mm/yyyy)			
FIRST NAME		LAST NAME	
SCEI STUDENT ID		DATE OF BIRTH	
TELEPHONE		EMAIL	
RESIDENTIAL ADDRESS			
GROUP NUMBER			
DAY'S OF STUDY			
PLACE OF EMPLOYMENT			
MODE OF TRANSPORT	<input type="checkbox"/> Car <input type="checkbox"/> Public Transport		

I _____ wish to apply for work placement for: (please tick one)

(Insert name)

- | | |
|---|---|
| <input type="checkbox"/> Diploma of Nursing (Aged Care Placement – 80hr) | <input type="checkbox"/> Certificate III in Early Childhood Education and Care (160hr) |
| <input type="checkbox"/> Diploma of Nursing (Sub-Acute Care Placement – 80hr) | <input type="checkbox"/> Diploma of Early Childhood Education and Care – International students (1 st Placement 100hr) |
| <input type="checkbox"/> Diploma of Nursing (Mental Health Care Placement – 80hr) | <input type="checkbox"/> Diploma of Early Childhood Education and Care – International students (2 nd Placement 260hr) |
| <input type="checkbox"/> Diploma of Nursing (Community Placement – 40hr) | <input type="checkbox"/> Diploma of Early Childhood Education and Care – Local Students (1 st Placement 100hr) |
| <input type="checkbox"/> Diploma of Nursing (Acute Care Placement – 120hr) | <input type="checkbox"/> Diploma of Early Childhood Education and Care – Local Students (2 st Placement 140hr) |
| <input type="checkbox"/> Certificate III in Pathology (40hr) | <input type="checkbox"/> Certificate III in Aged Care (160hr) |
| <input type="checkbox"/> Certificate III in Health Services Assistance (60hr) | <input type="checkbox"/> Certificate IV in Aged Care (89hr) |
| <input type="checkbox"/> Certificate IV in Disability (280hr) | <input type="checkbox"/> Diploma in Dental Technology |

PROPOSED WORK PLACEMENT START DATE: (if applicable)	
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TRAINER'S NAME	
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Special Considerations:

I hereby declare that I have completed the following:

- All the required theoretical units as per the training plan / session plan
- First Aid (if applicable)
- Manual Handling (if applicable)
- Working with Children Check (if applicable)
- Child Safety Environment (if applicable)
- Police Clearance (if applicable)
- Immunisation Clearance (if applicable)
- Hand Hygiene Certificate (if applicable)
- Attended work placement information session

***Evidence must be provided with this form**

STUDENT'S SIGNATURE

TRAINER'S USE ONLY

I hereby declare that the above student has completed all the requirements and is ready for work placement.

TRAINER'S SIGNATURE

DATE

Forward this form to the work placement co-ordinator.

**FOR202 APPLICATION FOR WORK PLACEMENT
 THIS PAGE IS FOR OFFICE USE ONLY**

STEP 1: RECEIVING APPLICATION

This section is to be completed by the **SCEI trainer who is receiving** the application from the student.

- All required sections/student details completed
- Student Signature
- Trainer Name _____
- Trainer Signature _____
- Date _____

Please forward this to the Work Placement Coordinator.

STEP 2: WORK PLACEMENT ORGANISED

This section is to be completed by the **Work Placement Coordinator and/or delegate.**

- Work Placement Organised.
 Centre / Facility Name:
- Commencement Date:
- Days / Time Organised:
- Student notified
 - In person
 - email – date: _____
- Trainer/Work placement assessor notified
 - In person
 - email – date: _____
- Staff Name _____
- Staff Signature _____
- Date _____

Please forward this to the Wise Net Coordinator for processing.

STEP 3: WISENET

This section is to be completed by the **Wise Net Coordinator.**

- Student's attendance record updated on Wise Net
- Staff Name _____
- Staff Signature _____
- Date _____

Please forward this to the Administration staff for filing.

STEP 4: FILING

This section is to be completed by the **Administration staff and/or delegate** who is filing this application and all supporting documents in the student's admin file.

- Step 1, 2, and 3 have been completed
- Staff Name _____
- Staff Signature _____
- Date _____

Please file in the student admin file.